PMI Champions Training



















Session Objectives

Interreg

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- 1. To gain knowledge of what PMI (Perinatal Mental Illness) is and what it can look like.
- 2. To understand the stigma around PMI and how to reduce stigma.
- To gain effective communication skills in how to approach and support someone with PMI
- 4. To gain knowledge of where to signpost too for help
- 5. To gain awareness of PMI in Dad's and Partner's.

What is Perinatal Mental Illness (PMI)?

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child.

10 -20% of women develop a mental illness during pregnancy or the first year after having a baby (1).

Depression

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Anxiety

5 -10% of fathers reported to suffer from depression during their partner's pregnancy and following birth

5 -15% suffer from anxiety in the perinatal period (2,3).

What Dose PMI Look Like?

Postnatal Depression

Symptoms

- Feeling low in mood
- Tearful
- Restless
- Sad
- Lacking in energy
- Losing interest in the things that are normally enjoyed

Postnatal Anxiety

Different Disorders

- Generalised anxiety disorder (GAD)
- Obsessive compulsive disorder
- Panic disorder
- Phobias (including needle phobia and tokophobia fear of giving birth)
- Post-traumatic stress disorder (PTSD)
- Social anxiety disorder



What Dose PMI Look Like? Continued......

Symptoms

- Fatigue
- Irritability
- Tension
- Concentration difficulties
- Insomnia

They can be associated with fears of foetal or baby's wellbeing, maternal wellness, illness in the partner and parental mortality. Anxiety can be disabling if these fears are recurrent, time-consuming, intrusive, and acquire a quality of irrationality.

Often family or friends may notice things don't seem 'quite right' but can't quite put their finger on what's different. This can also be the case for you when it comes to your service users.



PMI Stigma and How to Reduce It

Unfortunately, some people still have a negative perception of mental illness and this can result in stigma towards people who experience mental health difficulties.

Stigma involves three different elements:

- Stereotypes: beliefs that are often based on exaggerations and misconceptions
- Prejudice: attitudes that result negativity and bias
- Discrimination: behaviours that result in unfair or unequal treatment.



PMI Stigma and How to Reduce It Continued......

Different Types of Stigma

Social Stigma

Social stigma (also called public or external stigma) refers to perceptions held by the general public towards the person experiencing mental illness and is largely based on misconceptions or misunderstandings.

- harm themselves or their children
- don't love their children
- are abnormal



PMI Stigma and How to Reduce It Continued.....

Self Stigma

Self-stigma (also called internal stigma) occurs when stigmatized individuals internalise the negative attitudes and stereotypes and apply it to themselves.

- Guilty
- Shameful
- Isolated



PMI Stigma and How to Reduce It Continued......

Disclosure Stigma

Disclosure stigma (also called treatment stigma) refers to negative perceptions around seeking professional help.

- A bad parent
- An abusive parent
- That Social Services will be involved
- That their children will be taken away from them



PMI Stigma and How to Reduce It Continued......

How You Can Help to Reduce Stigma

- Talk Openly About Mental Health
- Educate Yourself And Others
- Be Conscious Of Language
- Encourage Equality Between Physical And Mental Illness
- Show Compassion For Those With Mental Illness
- Choose Empowerment Over Shame
- Be Honest About Treatment
- Don't Harbour Self-Stigma



Awareness of Barriers To Communication

- Not knowing what to ask, or how to prompt further conversation
- Preoccupied by your own thoughts, for example, your own home life, or previous interactions in the day
- Lack of time Work pressures can make interaction with parents short
- Feeling unqualified/not the right role to ask
- Assumptions
- Parents may believe you are too busy and don't have time to listen to them
- You may sometimes only focus on the words being spoken



What's the Best Way to Start This Conversation?

Opening statements

Example: "What a beautiful little baby, how are you getting on? I know this period of time can be stressful and make you feel anxious. I just want to let you know that we can give you lots of help and support here. It's something we do a lot and there is no shame in asking for help".

You Need to Find Out a Bit More Now, How Do You Do That?

Exploratory questions

Examples:

- "How are you feeling at the moment"?
- "How has your mood been recently"?



Examples continued.....

- "Do you have any concerns or anxieties"?
- ➤ "Do you feel more support would be helpful"?
- "How are you coping at the moment"?
- "How are your sleep/appetite/energy levels"?
- "Are you able to find enjoyment in things"?
- "Have you had any unusual experiences recently"?

What do I do with the information divulged?



Active Listening

Listen, Don't Just Hear

Just because you're hearing doesn't mean you're listening.

"reflection of feelings"

"reflect or mirror back to them what you hear"



Examples of Active Listening Responses

- > COMMENT FROM MUM: "I'll never make a good mum"
- > RESPONSE FROM PERSON LISTENING: "You sound pretty upset"
- COMMENT FROM MUM: "So much is expected of me!"
- RESPONSE FROM PERSON LISTENING: "The expectations are making you really nervous"
- COMMENT FROM MUM: "I just don't understand, someone says one thing, and then someone else says the opposite"
- RESPONSE FROM PERSON LISTENING: "You feel very confused by this"



Listening with Empathy

Four Steps to Listening with Empathy

- First become aware of the cues that parents with whom you work give to signal that they have a problem.
- When you see or hear those signals and decide to listen it's hugely important to avoid responding with one of the roadblocks to communication, i.e. interrupting, suggesting, advising, reassuring.
- Then give full attention to the other person, reflect back to them what you
 hear them saying and feeling; if the Active Listening is off target they'll say so,
 and you can try again.
- If your parent feels understood, usually they will keep talking and often find relief from, or resolution to, the concern or problem.



Signposting

It's important to encourage parents to access the right help for them. For this you need to have an idea of what's available to support them.

So where to go?

- A GP, midwife or health visitor will be able to refer them to the right service. This may include a support group or talking therapies.
- You can also find advice on the NHS website or call 111.
- There are a range of charities and online support groups too. (a list of these can be found in your information pack).



PMI in Dad's and Partner's

Dad's and Partner's can suffer too!

Postnatal Depression

"A type of depression that many parents experience after having a baby. It's a common problem, affecting more than 1 in every 10 women within a year of giving birth. It can also affect fathers and partners".

- Post Traumatic Stress Disorder (PTSD)
- Perinatal Obsessive Compulsion Disorder (OCD)
- Psychosis.



The Facts

- Around 1 in 10 dads suffer from PND (The Dadpad)
- An average of 10.4% of fathers are depressed both pre- and postnatally (Paulson & Brazemore, 2010)
- 24%-50% of new dads with partners suffering from depression were also affected by depression themselves (<u>The Dadpad</u>)
- Up to 38% of new dads are worried about their mental health (<u>NCT</u>)
- 33% of young fathers wanted support for their mental health and there was nothing for them (NCT)



The Facts Continued....

- Fathers with perinatal mental health problems are 47 times more likely to be rated as a suicide risk than at any other time in their lives (Quevedo et al, 2010)
- There are at least 600,000 male suicides each year. (The Dadpad)
- Fathers' involvement in their children's lives has consistently shown to improve a child's outcome (Sarkadi et al, 2008)



What Dose PMI Look Like in Dad's and Partner's?

- Feeling sad and hopeless
- Constant exhaustion or numbness
- Not wanting to do anything
- Feeling unable to cope
- Feeling guilty for not being happy or for not coping
- Worrying that they don't love their baby enough
- Being easily irritated
- Crying or wanting to cry more than usual
- Not wanting to eat or being unable to eat



What Dose PMI Look Like in Dad's and Partner's? Continued......

- Binge eating
- Finding it difficult to sleep
- Lack of interest in their partner and/or baby
- Anxiety and/or panic attacks
- Finding it difficult to make decisions
- Having worrying thoughts about harming themselves or their baby
- Thinking about death



What Can Contribute to PMI in Dad's and Partner's?

- Pre-existing mental health difficulties
- Social Factors
- Maternal mental ill health
- Hormonal changes
- Loss of mother or baby
- Long term illness of baby
- Traumatic birth



How can I Help?

- To think Dad and Partner's, ask them; are they ok? (more than once is best!) and if they are not around ask Mothers about the Dad and Partner's.
- GP for medication and/or referral to talking therapies (IAPT) and/or secondary mental health services.
- Sign posting for support groups and self help.



Any Question?





Thank You!

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